



OFFICE OF COMMISSIONER OF INSURANCE
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

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2015 RECONCILIATION STATEMENT ANNUAL PREMIUM TAX RETURN

PREMIUM TAX
GID-203-PT OCT2015

COMPANY NAME _____ NAIC NUMBER _____

This form must be completed when the amounts reported on Line 1 of Form GID-012-PT, Annual Premium Tax Return, do not reconcile with the Annual Statement Schedule T or State Page amounts.

Amount

Schedule T/State Page Premiums:		\$
Adjustments: (description)*		
ADD:		
Total additions:		\$
DEDUCT:	HDHP (See below)**	
	MEDICARE	
Total deductions:		
TOTAL PREMIUMS (report on Line 1 of Form GID-012-PT)		\$

*Describe the adjustment and attach supporting documentation (e.g., annual statement schedules). Supporting documentation must be included.

** For exemption of HDHPs: attach a schedule with the (1) name of the insured (2) single or family coverage (3) deductible level of policy (4) policy form number as GA DOI approved (5) premium collected for tax return period (5) a statement by a company officer attesting that each policy claimed as exempt meets the definition of an HDHP as defined in 26 U.S.C. § 223.

Contact the Premium Tax Division with any questions at 404-656-7553 or premiumtax@oci.ga.gov